CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIV, No. 45 December 7, 1935 GUY P. JONES EDITOR

RABIES[*]

J. L. Pomeroy, M.D., County Health Officer, and Geo. H. Roth, M.D., Epidemiologist, Los Angeles County Health Department

Rabies continues to be the same serious problem in California, and particularly in southern California, that it has been for the last 15 years. Through the reactionary influence of well known groups of faddists and cultists it has been impossible for health authorities to stamp out an entirely preventable disease whose source and mode of transmission have been known since the fifth century B.C.

In England, where health officials are enabled to execute established methods of control, this disease is nonexistent. Stallybrass says, "The British Isles have been entirely free from rabies for 16 years following the issue of the muzzling order by the Board of Agriculture."

A brief history of rabies in Los Angeles city, as related by the late Dr. L. M. Powers, for many years Health Commissioner of that city, will show some of the difficulties encountered in efforts to control this disease:

"So far as we know, the first appearance of rabies in southern California occurred in 1898. The Health Department had much trouble in convincing the residents of Los Angeles of the fact that rabies existed because they thought it was not possible and that climatic conditions would not permit or allow the disease to exist in southern California, although it was freely admitted that our neighboring territory, Arizona, was generally known to have rabies among its skunks and coyotes. This disease appeared first in the southeast part of the city and was supposed to have been brought in by stray dogs from the river bed, as these stray dogs came into the city for food and the disease in the city started in the wake of their entrance. Dr. Withers, President of the Chicago Veterinary School, who had much experience in rabies, was in the city and helped to confirm our diagnoses in these cases. In addition, Dr. Stanley P. Black inoculated rabbits that developed rabies from the inoculation. The muzzling ordinance was put into force and, notwithstanding there were a number of cases among dogs, the disease was *under control in less than three months,* a direct result of the enforcement of the ordinance requiring all dogs running at large to wear muzzles. The owner of a dog could keep him in an enclosure or chained up and was also permitted to take the dog out on leash. The poundkeeper received $1.50 per dog for taking any dog found out in violation of the ordinance. The people seemed to appreciate the law and obeyed it. The poundkeeper did his duty not only for the monetary consideration but also in obedience to the law of the country.

"Again, in 1906, a mad dog appeared at the Soldiers' Home and bit one man, two horses and some pigs. The man went to Chicago for Pasteur treatment. Two horses and two pigs developed the disease. Dr. Stanley P. Black examined the animals and found true rabies. The disease did not spread from there."

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[*] Read before the Health Officers' Section, League of California Municipalities, San Francisco, September 23, 1935.

"The disease appeared again in 1909. It appeared in different parts of the city and its source we were never able to trace. We endeavored to enforce the same regulations as were enforced in 1898 but the opposition to enforcement was so strong that it was impossible for us to control the disease because we did not get cooperative action. The so-called dog lovers paraded the streets in their automobiles with their dogs. The pound was in control of parties who were not in sympathy with the law and the peace officers failed to enforce the law. Many rabid dogs, horses and cattle were destroyed. One poor dairyman who had twelve dairy cows lost eight of them as a result of having been bitten by a rabid dog. Several cases occurred in humans before the outbreak ceased. Public sentiment against dogs grew strong enough to reduce the number of dogs within twelve months at least 25 per cent. Many dogs were disposed of by owners on account of fear for their families and many were poisoned. The disease extended from Los Angeles north, to what extent we are unable to say.

"Again, in 1921-22, the disease appeared, coming in from the northern section, where it had evidently been smouldering, and gradually spread throughout the city. The same ordinance was in existence but the control of rabies was made a *political issue* and we are still having the disease with us unabated."—Dr. L. M. Powers.

During 1922 two human deaths occurred and 74 (city) and 66 (county) or a total of 140 rabid animals were reported.

There was a sharp rise in 1923, when 603 in city territory and 260 in county territory, a total of 863 rabid animals, were reported and 7 human deaths. It was at that time that Dr. William Veit, veterinarian for Los Angeles City Health Department, stated, "Rabies has spread with intense fury until today one is hardly safe on the streets in any part of the city without danger of being bitten by a rabid animal."

It was during this period, 1922-23-24, that the disease spread rapidly from the city eastward into Belvedere, westward into West Hollywood and thence to Santa Monica, southward into Huntington Park, Compton, Torrance districts and gradually involved the entire southwest district. At the same time another focus of infection developed along the foothills, including Glendale, Flintridge, Altadena, Monrovia and Pomona districts. In fact, the entire county became infested.

In 1924, during the "hoof and mouth disease quarantine," a great number of stray dogs were destroyed. This, in conjunction with general rabies control measures of quarantine, resulted in a decline in rabies from 863 cases for the city and county in 1923 to 250 in 1926. Then a sharp rise took place with about 600 for 1929, followed by a drop to 300 in 1932. Since then the rise has been rapid, reaching 670 in 1934. To date 1935 shows Los Angeles city 208, County Health 175, Long Beach 7, and Pasadena 7.

In all there have been 31 human deaths from rabies in Los Angeles city and county and 6514 rabid dogs reported as follows: Los Angeles city 3735, County Health 2497, Beverly Hills 52, Long Beach 115, Pasadena 93, South Pasadena 16, Vernon 5.

In County Health Department area during the last five years 14,030 people have been bitten and 2216 have received Pasteur prophylaxis, mostly in our health centers.

The expense incurred during this five-year period is as follows:

Year	*Salaries and mileage*	*Pasteur prophylaxis*	*Totals*
1929-30	$8,712	$4,227	$12,939
1930-31	10,393	5,057	15,450
1931-32	10,751	4,306	15,057
1932-33	9,565	3,951	13,516
1933-34	14,754	8,313	23,067
	$54,175	$25,854	$80,029

(Continued in next issue)

PUBLIC HEALTH ASPECTS OF GONORRHEA

(Continued from last issue)

In gonorrhea, as in other communicable diseases, the knowledge of when, where and under what conditions cases arise is essential to effective control. Incognito reports so frequently employed hamper the efforts of health authorities to investigate the sources of infection unless the patient's name is known. In view of the present medical and public attitude toward venereal disease, it is futile to expect physicians generally to report private cases by name. It seems plausible that if a physician accepts responsibility for the private treatment of a patient with venereal disease, he must also accept responsibility for getting contacts and sources of infection under treatment, and for notifying the names of patients who lapse in treatment while still infectious.

It is recommended that further trial be made of assigning health department nurses, especially trained in this work, to assist in locating contacts and sources of infection, and in the follow up of lapsed private cases. This method has been used with success in Minnesota, Massachusetts and New York.

It is urged that quarantine should be compulsory for the patient who persistently refuses to take or resume treatment, without regard to sex or class. A serious defect in the present control efforts is the lack of public funds for the adequate equipment, treatment and follow up to ferret out the sources and contacts.

A review of the experience of health departments here and abroad in the question of effectiveness of prophylactic measures in venereal disease control shows that while the method has been demonstrated to have some effectiveness under military conditions, it has not proven a valuable method of prevention in the general population.

The primary function of the health department is the provision for complete medical facilities for diagnosis and treatment of infected individuals. For practical and psychological reasons, the more fundamentally preventive work of social control through the restriction of commercial vice, and the provision of recreational facilities can best be carried out by other departments of government and by voluntary social agencies.

Both syphilis and gonorrhea are contact diseases, and the number of cases will increase with the number of exposures. If, therefore, exposures can be diminished in number, fewer infections will result, and for this reason the health officer is directly interested in all social measures which will reduce exposures. The progress of the general cause will be hastened by the formation in each large community of a joint committee or council on social hygiene to correlate the various phases of the work.

The third phase of social hygiene, that of EDUCATION, is, on the other hand, an essential function of the health department. Colonel Ashburn and other authorities have amply proved the value of a broadly conceived preventive program in relation to venereal disease. They have shown a lowering of the venereal disease incidence rate, where educational, social, protective and recreational facilities have been intelligently used. If this be true, the coming years will see great strides made in the field of venereal disease control through a more active effort and interest on the part of the health officer in these manifold phases of community effort.

Our present official and voluntary health agencies have a sufficient background of experience in mass public health education, which can be applied to the present problem. The need is not so much for new methods as for vigor and energy and courage in the application of the well known media used in combatting ignorance and fear and resistance to prevention and treatment in other contagious diseases.

These should include all the media of mass education: the press, radio, moving pictures, placards, brochures, lectures. We, ourselves, and those who control the channels of public education are more squeamish and fearful than the public to discuss the venereal problem.

Certain it is that if medicine is to accomplish in the prevention of venereal diseases what it has done in other contagious diseases, methods of secrecy and ignorance must be abandoned, and legitimate publicity, enlisting the numerous social agencies' cooperation interested in public health and welfare must be sought.

It is surprising that in a matter which concerns women so intimately as the prevention of disease, women have taken so small a part in the discussions. The average woman has remained uninformed and indifferent. Yet, venereal disease is responsible for the greatest percentage of diseases peculiar to women, and for a great number of childless marriages. Women must become more articulate. If certification of health before marriage is of value, it can be incorporated in statute only by vigorous feminine backing. One objection offered is that it is an infringement of personal liberties, but personal liberty can not include freedom to spread contagion if means of checking it are known.

In the Los Angeles Venereal Disease Division we have noticed a 50 per cent increase in applicants seeking treatment for venereal disease. On questioning applicants as to their residence, one is astounded to find that three out of four state that they have just arrived a few days ago. This additional burden thrust upon our already overcrowded clinics makes it difficult to render adequate and efficient treatment.

The Federal Government should make some provision for routinely examining the army of transients on the march across country, and isolate and quarantine those infected at each transient camp, rather than to permit these groups of men and women to carry their infection and contagion from state to state. We are cautiously careful to prevent the entrance of possible fruit parasites at our borders, but entirely indifferent to the entrance of contagious diseases gnawing at the vitals of our youth. The author advocates regular inspection at the transient camps scattered throughout the United States; isolation and quarantine of those infected, and subsidies to local health departments to provide adequate treatment until no longer infectious; with the legal provision that no permit to leave the state borders will be authorized until infection is controlled and compulsory internment for those not regularly attending clinics for treatment.

Gonorrhea offers a challenge to medicine for better treatment. It is a disease the etiological factor of which has long been established. It affects accessible parts of the body. It is preventable on grounds of epidemiology already established. The cause of gonorrhea will not be materially benefited by better treatment of the infected only, if no recognition is given to the epidemiology of the disease, and no effort made to break the chain of the infection.

MORBIDITY

Complete Reports for Following Diseases for Week Ending November 30, 1935

Chickenpox

355 cases: Alameda County 2, Albany 1, Berkeley 16, Oakland 27, Gridley 2, Colusa County 3, El Dorado County 2, Placerville 3, Fresno County 3, Fresno 4, Eureka 1, Imperial County 2, El Centro 1, Kern County 1, Los Angeles County 14, Alhambra 20, Beverly Hills 1, Burbank 2, Covina 1, Glendale 6, Los Angeles 31, Montebello 3, Pasadena 11, Pomona 1, Santa Monica 6, Whittier 13, South Gate 1, Marin County 1, Orange County 6, Orange 7, Santa Ana 26, Riverside County 2, Beaumont 13, Riverside 1, Sacramento County 17, Sacramento 6, Rialto 1, San Bernardino 2, Upland 7, San Diego 25, San Francisco 18, San Joaquin County 4, Lodi 1, Manteca 5, Stockton 6, San Luis Obispo County 2, San Luis Obispo 2, San Mateo County 1, Santa Barbara County 1, Santa Clara County 1, Los Gatos 1, San Jose 1, Watsonville 1, Benicia 1, Petaluma 1, Sutter County 1, Tehama County 1, Oxnard 5, Ventura 1, Woodland 9.

Diphtheria

65 cases: Hayward 1, Oakland 7, Imperial County 1, Los Angeles County 7, Los Angeles 21, Pasadena 2, Torrance 4, Soledad 1, Sacramento County 3, Sacramento 7, San Bernardino 2, Upland 1, San Joaquin County 1, Santa Barbara 1, Santa Clara County 1, San Jose 2, Sunnyvale 1, Sonoma County 1, Tulare County 1.

German Measles

83 cases: Albany 1, Berkeley 2, Hayward 1, Oakland 6, Oroville 2, Contra Costa County 10, El Dorado County 1, Fresno County 2, Bishop 9, Los Angeles County 3, Glendale 1, Long Beach 1, Los Angeles 10, Napa County 1, Orange County 1, Brea 1, Huntington Beach 2, Santa Ana 3, Tustin 8, Riverside County 4, Riverside 3, San Francisco 6, San Mateo County 2, Palo Alto 3.

Influenza

27 cases: Los Angeles County 2, Glendale 1, Glendora 1, Los Angeles 12, Upland 4, San Francisco 4, San Jose 1, Vallejo 2.

Malaria

3 cases: Ontario 1, San Joaquin County 1, Yolo County 1.

Measles

136 cases: Alameda 2, Albany 4, Berkeley 2, Oakland 6, Chico 1, Oroville 1, Fresno 1, Glenn County 1, Bishop 2, Kern County 1, Los Angeles County 3, Los Angeles 26, Manhattan 1, Pomona 1, San Fernando 2, Santa Monica 1, Madera 1, Marin County 1, Alturas 9, Monterey County 8, Grass Valley 2, Riverside 4, Sacramento County 1, San Diego 2, San Francisco 18, South San Francisco 1, Santa Barbara County 2, Santa Clara County 4, Mountain View 2, San Jose 3, Santa Clara 1, Sunnyvale 6, Ventura County 2, Yolo County 3, Woodland 11.

Mumps

206 cases: Berkeley 8, Oakland 39, Chico 3, Pittsburg 3, El Dorado County 1, Eureka 6, Kern County 3, Lake County 1, Los Angeles County 5, Claremont 2, Glendale 1, Huntington Park 1, Long Beach 10, Los Angeles 33, Pomona 8, Santa Monica 2, Sierra Madre 6, Torrance 1, Monterey County 2, Salinas 1, Grass Valley 4, Orange County 1, Santa Ana 1, Riverside County 3, Beaumont 10, Riverside 2, Sacramento County 2, Sacramento 9, Ontario 7, Redlands 1, San Diego 3, San Francisco 3, San Joaquin County 6, Stockton 7, San Luis Obispo 4, Santa Barbara 3, Santa Clara County 1, Palo Alto 1, San Jose 1, Oxnard 1.

Pneumonia (Lobar)

47 cases: Oakland 3, Colusa 2, Westmoreland 1, Los Angeles County 4, Los Angeles 14, Torrance 1, South Gate 1, Anaheim 1, Riverside County 2, Sacramento 1, Chino 1, Redlands 1, Upland 1, San Francisco 11, San Mateo 1, Santa Barbara 1, Ventura County 1.

Scarlet Fever

281 cases: Alameda 2, Berkeley 7, Oakland 7, Colusa County 2, Colusa 1, Contra Costa County 1, Pinole 1, Fresno County 6, Fresno 1, Humboldt County 1, Eureka 1, Imperial 1, Bishop 1, Kern County 2, Los Angeles County 28, Alhambra 9, Avalon 1, Burbank 1, Glendale 1, Huntington Park 2, Long Beach 4, Los Angeles 43, Manhattan 4, Montebello 1, Pasadena 6, Redondo 1, San Gabriel 2, Santa Monica 1, Whittier 2, Torrance 2, Lynwood 2, South Gate 1, Bell 1, Madera County 1, Madera 2, Merced County 2, Monterey County 1, Grass Valley 5, Orange County 3, Anaheim 1, Santa Ana 1, Laguna Beach 2, Riverside County 7, Beaumont 1, Riverside 5, Sacramento County 8, Sacramento 16, San Bernardino County 1, Chino 1, Ontario 1, Redlands 1, San Bernardino 4, San Diego 15, San Francisco 12, San Joaquin County 6, Lodi 1, Stockton 5, Tracy 1, Redwood City 1, Santa Barbara County 1, Santa Clara County 2, Morgan Hill 1, San Jose 1, Santa Cruz 1, Etna 5, Vacaville 1, Sonoma County 2, Tehama County 2, Tulare County 4, Exeter 1, Tuolumne County 1, Ventura County 1, Oxnard 1, Ventura 4, Yolo County 1, Davis 1, Woodland 1.

Smallpox

10 cases: Monterey County.

Typhoid Fever

11 cases: Inyo County 1, Los Angeles 3, San Fernando 1, Merced County 1, Riverside County 1, Sacramento County 2, Upland 1, San Francisco 1.

Whooping Cough

104 cases: Albany 1, Berkeley 6, Oakland 12, Los Angeles County 7, Burbank 1, Compton 1, Los Angeles 16, San Gabriel 1, South Gate 2, Bell 1, Grass Valley 2, Sacramento 2, San Bernardino 2, San Diego 20, San Francisco 24, San Joaquin County 1, San Jose 1, Santa Cruz County 1, Santa Cruz 2, Watsonville 1.

Meningitis (Epidemic)

6 cases: Emeryville 1, Oakland 2, Los Angeles 1, Sacramento County 1, Solano County 1.

Dysentery (Amoebic)

2 cases: Fresno County 1, Chino 1.

Dysentery (Bacillary)

3 cases: Los Angeles 2, Riverside County 1.

Pellagra

One case: Kern County.

Poliomyelitis

4 cases: Glendale 1, Los Angeles 2, San Luis Obispo County 1.

Tetanus

One case: San Bernardino.

Encephalitis (Epidemic)

3 cases: Contra Costa County 1, San Francisco 1, Sonoma County 1.

Trichinosis

One case: Whittier.

Botulism

One case: Montebello.

Food Poisoning

5 cases: Santa Monica 4, San Francisco 1.

Undulant Fever

2 cases: Bakersfield 1, Glendora 1.

Actinomycosis

One case: San Francisco.

Coccidioidal Granuloma

One case: Sacramento County.

Septic Sore Throat (Epidemic)

2 cases: Pittsburg 1, South San Francisco 1.

Psittacosis

One case: San Francisco.

Rabies (Animal)

5 cases: Culver City 1, Glendale 2, San Diego 1, Tulare County 1.

The education of an individual is a complex process, its factors being hard to measure, now and then difficult even to detect. Some are intuitive, some come in the natural course of experience, some operate only when one submits to guidance and authority, some when one relies on his individual effort and independent will.—Leon J. Richardson.

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